

**LIABILITY WAIVER (one child per form)**  
**Mountain Top Children's Museum**

MTCM School Year \_\_\_\_\_ License: 1750335 Enrollment Date: \_\_\_/\_\_\_/\_\_\_ (initial) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street city state zip

Local/Mailing Address: \_\_\_\_\_  
(if applicable) Street city state zip

Parent/Guardian's Name. Please include all: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail(s) \_\_\_\_\_  
=====

**Carefully read the following authorization and  
Indemnification agreement and release form from liability**

I, \_\_\_\_\_ (parent/legal guardian) give permission for \_\_\_\_\_ (child/student) to participate in activities and trips as part of the class in which he/she is enrolled. If the child is not to participate in any specific activities please inform a director or supervisor. \_\_\_\_\_ (initial)

I give permission for my child's likeness, voice, and/or work to be photographed, videotaped, or recorded during events, classes, or activities for use in publications, media, advertising, or annual reports of the MTCM, without compensation. I give permission for other parents to photograph my child as part of classes, events or activities. \_\_\_\_\_ (initial)

I understand that my signature on this form releases the MTCM, its agents and employees from all liability at the above-mentioned events, programs, performances or activities. \_\_\_\_\_ (initial)

**Medical Authorization and Indemnification Agreement**

I further authorize the Mountain Top Children's Museum, Inc., at the discretion of any supervising employee, to obtain medical care for the Child and/or transport or arrange to arrange to transport him/her to the appropriate clinic or hospital if medical attention appears to be necessary. I understand that the Museum will make an effort to locate me in the event of such an emergency, but if it is not possible to locate me, I further authorize a licensed physician, dentist, or other medical care provider to carry out any emergency medical care of my child. I agree to pay all costs associated with such medical treatment and related transportation for my child.

I give permission for Mountain Top Children's Museum employees to apply sunscreen on my child. \_\_\_\_\_ (initial)

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION FORM ~ Mountain Top Children's Museum**  
**(one child per form)**

Child's Name: \_\_\_\_\_

How long has your child been at this altitude? \_\_\_\_\_

**PARENT INFORMATION:**

Mother's / Guardian's Name: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Father's / Guardian's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Special Instructions as to how the parents or guardians can be reached during camp hours:

\_\_\_\_\_

**AUTHORIZED PERSONS ALLOWED TO PICK UP CHILD**, not parents / guardians, include EVERYONE who may pick your child up.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

**EMERGENCY CONTACTS, (NOT a parent & do not need to be in summit county, is REQUIRED).**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Address: \_\_\_\_\_

**ADDITIONAL INFORMATION (optional)**

Any special needs or concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF HEALTH STATUS (one child per form)**

**Mountain Top Children's Museum**

The child care program must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. Updated yearly.

This statement is best filled out by a licensed physician or other health professional who has seen the child in the last twelve months; however a parent / guardian may fill out to the best of their ability.

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems:

\_\_\_\_\_  
\_\_\_\_\_

Describe any condition(s) requiring the facility's special attention, use back of page if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Diet Required: \_\_\_\_\_

Known **Intolerances**: \_\_\_\_\_

Known Drug Reactions: \_\_\_\_\_

Allergies (**please ask for additional paperwork, Required**):

\_\_\_\_\_

Medication(s) being taken: \_\_\_\_\_

Date most recent examination (**Required**): \_\_\_\_\_

**Required** (we have local #'s and address on file if needed):

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of licensed physician or other health care professional (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**POLICY SIGN OFF SHEET** (one child per form)  
Mountain Top Children's Museum

Child's Name: \_\_\_\_\_

I understand that ALL my child(ren)'s paperwork is due on the first day of enrollment:

- Liability Waiver
- Information Form
- Medical Statement. Allergies & Other health concerns may require further paperwork
- Copy of Immunization Card / or Waiver
- This Policy Sign off Sheet

Initial \_\_\_\_

I understand that cancellations need to be made 1 week prior to date enrolled to receive a full refund.

Initial \_\_\_\_

I understand that there are no Sick days or Make up days.

Initial \_\_\_\_

I understand that if I sign my child(ren) up after 5:30pm the night before and there is availability, that I will be charged.

Local: Drop-in rate of \$55/child. Guest: TBD.

Initial \_\_\_\_

I understand that payments are due at the beginning of each month, that my deposit/down payment is applied to my child(ren)'s last month of attendance, AND that a payment by check or cash is preferred.

(If this is not possible please let us know ASAP and we will work with you).

Initial \_\_\_\_

I understand that pick up time is by 5:30pm and that I can be charged a late fee. \$1 / minute / child.

(Please call ASAP and do not be a repeat offender to avoid this charge).

Initial \_\_\_\_

I have read and agree to the MTCM's Parent Policies and Procedures.

Initial \_\_\_\_

I understand that MTCM may take my child on Summit County's public transportation for field trips that I sign them up for or any other given day I send my child to camp.

Initial \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_